

**COMMONWEALTH OF KENTUCKY
INFORMATION FOR BOARDS AND COMMISSIONS**

Return Completed Form To:
Charles A. Wilkerson, Director
Division of Parole and Victim Services
275 East Main Street
P.O. Box 2400
Frankfort, KY 40602-2400
(FAX 502-564-8995)

Please indicate Boards/Commissions you wish to consider

Please submit a current resume with the application

Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County	*Congressional District	* Supreme Court District
Home Address	City	State	Zip	
Date of Birth		*Party Affiliation: Dem. Rep. Ind. (Underline one)		Race
Your Occupation	Business Phone Number & Fax Number		Residence Phone Number	
Email Address			Mobile Number	
Current Employer	Business Address			
Spouse's Name	Spouse's Employer			

EDUCATION AND GENERAL QUALIFICATIONS:

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of Study
High School				
College/Other				
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

By signing below, I understand the Governor's Office may conduct a complete check on my background and do hereby authorize such an investigation.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Years Acquainted

***Necessary for certain boards to comply with state law in regard to balance**

DATE: _____ SIGNATURE: _____